

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11730

## 11750 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH a. COUNTY <b>St. Mary's</b>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b>		b. COUNTY <b>St. Mary's</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Leonardtown</b>		c. LENGTH OF STAY IN 1b <b>5 Days</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Leonardtown</b>		d. STREET ADDRESS <b>Lawrence Avenue</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>St. Mary's Hospital</b>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <b>James</b>		First	Middle	Last	4. DATE OF DEATH <b>November 25,</b>	Month	Day	Year	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 17, 1886</b>	9. AGE (In years lost birthday) <b>70</b>	10. IF UNDER 1 YEAR Months <b>3</b>	11. IF UNDER 24 HRS. Days <b>8</b>	Hours <b>0</b>	Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waterman</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Christopher Burch</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Morgan</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>220-14-3044</b>		17. INFORMANT <b>Mary E. Burch</b>		Address <b>Leonardtown, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>177X</b>		DUE TO <b>Wrennian</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. <b>177X</b>		(b) DUE TO <b>Carcinoma of Prostate</b>		3 year					
(c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <b>Leonardtown</b>		(County) <b>St. Mary's</b>	(State) <b>Maryland</b>
21. I certify that I attended the deceased from <b>June</b> , 19 <b>56</b> , to <b>Nov 25</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Nov 24</b> , 19 <b>56</b> , and that death occurred at <b>9:25 AM</b> , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) <b>Leonardtown, Maryland</b>		DATE SIGNED <b>11/26/56</b>	
ACTUAL SIGNATURE <b>William D. Boyd</b>		M.D.							
PHYSICIAN'S NAME (Type) <b>William D. Boyd M. D.</b>		Leonardtown, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>11/27/56</b>		22c. NAME OF CEMETERY OR CREMATORIAL <b>St. Aloysius</b>		22d. LOCATION (City, town, or county) <b>Leonardtown, Maryland</b>		(State) <b>Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>W. Clarke Mattingley</b>		ADDRESS <b>Leonardtown, Md.</b>		24a. REC'D BY REGISTRAR <b>11/26/56</b>		24b. REGISTRAR'S SIGNATURE <b>Glenn D. Hauser</b>			

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BUREAU V. S.  
NOV 27 1956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)  
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11751 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										11731	
										Reg. Dist. No. 282	
1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McKays Beach			c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McKays Beach			d. STREET ADDRESS			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)										e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Diana	Middle Lynn	Last Grate	4. DATE OF DEATH Nov. 5, 1956		Month Nov.	Day 5	Year 1956		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Oct. 6, 1956	9. AGE (In years last birthday) yrs. 30		10. IF UNDER 1YEAR Months 30		11. IF UNDER 24 HRS. Hours 30 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Merle L. Grate					14. MOTHER'S MAIDEN NAME Audrey Ann Wolf						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Merle L. Grate			Address McKays Beach, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 527.2 Acute Fulminating infection e type DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) undertermined origin DUE TO (c) in respiratory tract										INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour a. m. 19 p. m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>											
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		J. Roy Guyther J. Roy Guyther M.D.								DATE SIGNED 11/6/56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF 11/7/56		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS			22d. LOCATION (City, town, or county) Mansfield, Ohio			(State)	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland		24a. REC'D BY REGISTRAR DATE 11/7/56			24b. REGISTRAR'S SIGNATURE Clara L. Hauser						

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DEPARTMENT OF DEFENSE - COMBINED  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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NOV 9 1956

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 11752 CERTIFICATE OF DEATH

11732

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY ST. MARY'S		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN		c. LENGTH OF STAY IN 1b 2 HOURS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ST. MARY'S HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOLLYWOOD	
3. NAME OF DECEASED (Type or print) LUKE MANNING		d. STREET ADDRESS	
4. DATE OF DEATH NOVEMBER 17 1956		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 12/8/1916
9. AGE (in years last birthday) 39 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 11 Days 9 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN (2nd class)		10b. KIND OF BUSINESS OR INDUSTRY R.E.A.	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MATHEW LUKE GRAY		14. MOTHER'S MAIDEN NAME IDA DOWNS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES <input checked="" type="checkbox"/> W.W. 2		16. SOCIAL SECURITY NO. 217-14-7035	
17. INFORMANT MRS. BERTHA GRAY		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1/2 hrs	
Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause (b), cause (a), stating the <u>underlying</u> cause (c) DUE TO		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Nov 17, 1956</u> to <u>Nov 17, 1956</u> , that I last saw the deceased alive on <u>Nov 17, 1956</u> , and that death occurred at <u>M.</u> from the causes and on the date stated above. ACTUAL SIGNATURE <u>J. Roy Guyther</u> M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11/20/1956	
22c. NAME OF CEMETERY OR CEMATORIALY ST. JOHN'S		22d. LOCATION (City, town, or county) HOLLYWOOD	
23. FUNERAL DIRECTOR'S SIGNATURE W. CLARKE MATTINGLEY, LEONARDTOWN, MD.		24a. REC'D BY REGISTRAR DATE 11/19/56	
24b. REGISTRAR'S SIGNATURE Alma D. Houser			

## CERTIFICATE OF DATA

BUREAU V.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11733

## 11753 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH a. COUNTY <b>St. Mary's</b>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Washington D.C.</b>		✓				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Tall Timbers,</b>		c. LENGTH OF STAY IN 1b —		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Washington D.C.</b>		47x-3				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —		d. STREET ADDRESS <b>5311 8th. St. N.W.</b>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)	First <b>Austin</b>	Middle <b>James</b>	Last <b>Hall, Sr.</b>	4. DATE OF DEATH Month <b>November</b>	Day <b>25,</b>	Year <b>1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH <b>Feb. 11, 1888</b>	9. AGE (In years lost birthday) <b>68 yrs.</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>1</b>	Hours <b>0</b>	Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G.P.O.</b>		11. BIRTHPLACE (State or foreign country) <b>Washington, D.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>James Hall</b>		14. MOTHER'S MAIDEN NAME <b>Adelaide</b>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT <b>Charles Garner, Tall Timbers, Maryland</b>		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>420.1</b> <i>Coronary Occlusion</i>		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <b>2</b> <i>Coronary sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>						
DUE TO (b) <i>Diabetes mellitus</i> 14 years		(c)		2 years						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) —	(County) —	(State) —			
21. I certify that I attended the deceased from <b>Nov 25</b> , 1956, to <b>Nov 25</b> , 1956, that I last saw the deceased alive on <b>Nov 25</b> , 1956, and that death occurred at <b>4:55 P.M.</b> from the causes and on the date stated above.										
ADDRESS (Street, city or town, state) <b>Great Mills, Maryland</b>										
ACTUAL SIGNATURE <i>P.J. Bean</i>		M.D.		DATE SIGNED <b>11/25/56</b>						
PHYSICIAN'S NAME (Type) <b>P.J. Bean M.D.</b>		Great Mills, Maryland								
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>11/28/56</b>	22c. NAME OF CEMETERY OR CREMATORIAL <b>Fort Lincoln Cemetery</b>	22d. LOCATION (City, town, or county) <b>Prince Georges Co., Md.</b>							
23. FUNERAL DIRECTOR'S SIGNATURE <b>The S. H. Hines Co.</b>		ADDRESS <b>2901 14th St., N.W. Washington, D.C.</b>		24a. REC'D BY REGISTRAR DATE <b>11/29/56</b>		24b. REGISTRAR'S SIGNATURE <i>Local Registrar</i>				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon copies. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of death.

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## BUREAU V.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11734

## 11754 CERTIFICATE OF DEATH

Reg. Dist. No. 282

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4  
 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,  
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon copies. Pages 1 and 2 should be filed with  
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY St. Mary's		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Sara	First	Middle	Last
4. DATE OF DEATH November	Month	Day	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16, 1884
9. AGE (In years lost birthday) 72 yrs.	10. IF UNDER 1 YEAR Months 7	11. IF UNDER 24 HRS. Days 13	12. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Gray		14. MOTHER'S MAIDEN NAME Margaret Ann Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. <input type="checkbox"/> 17. INFORMANT None Mr. Foley Brown Leonardtown, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 492X DUE TO Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO Hypostatic Pneumonia		2 days	
(c) DUE TO Nausea		about 1 week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. p.m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>June 24, 1954</u> , to <u>November 29, 1956</u> , that I last saw the deceased alive on <u>Nov. 29</u> , 1956, and that death occurred at <u>4:40 PM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Leonardtown, Md.</u> DATE SIGNED <u>12/3/56</u>			
ACTUAL SIGNATURE Robert F. Fuchs		M.D. <u>Leonardtown, Md.</u>	
PHYSICIAN'S NAME (Type) Robert Fuchs		M.D. <u>Leonardtown, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/3/56	
22c. NAME OF CEMETERY OR CREMATORIAL St. Joseph's		22d. LOCATION (City, town, or county) Morganza, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley Leonardtown, Maryland		ADDRESS 24a. REC'D BY REGISTRAR DATE 12/3/56	
		24b. REGISTRAR'S SIGNATURE Gerald O. Hauser	

## CERTIFICATE OF DEATH

BUREAU V. S.

DEC 5 1956

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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the bottom copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 11755 CERTIFICATE OF DEATH

11735

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	ST. MARYS LEONARDTOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	MARYLAND AVENUE	COUNTY ST. MARYS	RURAL (If rural give location)	
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)			
(First)		(Middle)		(Last)		NOV. 11	1956
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	B. DATE OF BIRTH SEPT. 6, 1879		9. AGE last birthday 77	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME GEORGE G. HILL				14. MOTHER'S MAIDEN NAME LUCY CULLISON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Alma Ellis- Oakley, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.0 IMMEDIATE CAUSE (A) <u>Myocardial Failure</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <u>Arteriosclerotic Heart disease</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Diabetes mel.</u> INTERVAL BETWEEN ONSET AND DEATH 2 days over 10 years over 5 years							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 25, 1956</u> , to <u>Nov. 11, 1956</u> , that I last saw the deceased alive on <u>Nov. 11, 1956</u> , and that death occurred <u>6:30P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Robert F. Fuchs</u> ADDRESS (Street, city, town, state) <u>Leonardtown, Maryland</u> DATE SIGNED <u>11/13/56</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/14/56		NAME OF CEMETERY OR CREMATORIAL Sacred Heart		LOCATION (City, town, or county) Bushwood, Maryland	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 11/15/56 <u>Lawrence D. Hauser</u> <u>B. Robinson</u> Leonhardtown, Md.							
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS							

DEPARTMENT OF JUSTICE - WASHINGTON, D. C.

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

NOV 16 1956

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4  
 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,  
 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with  
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11736 282

11756 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH a. COUNTY <b>St. Mary's</b>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b>		b. COUNTY <b>St. Mary's</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Leonardtown</b>		c. LENGTH OF STAY IN 1b <b>3 days</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Ridge</b>		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>St. Mary's Hospital</b>						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <b>Charles</b>	Middle <b>E.</b>	Last <b>Raley</b>	4. DATE OF DEATH <b>November 28, 1956</b>	Month <b>November</b>	Day <b>28</b>	Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 18, 1915</b>	9. AGE (in years (at birthday) <b>41</b>	10. IF UNDER 1 YEAR <b>8</b>	11. IF UNDER 24 HRS. <b>10</b>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Lewis Gorman Raley</b>		14. MOTHER'S MAIDEN NAME <b>Bertha Clarke</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs Wilma G. Raley</b>		Address <b>Ridge, Maryland</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Oedema, Lung</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b), stating the underlying cause (c) <b>581.1</b> <b>Hepatic coma</b> <b>Laennec's cinkosis</b>							
INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month <b>November</b>	Day <b>28</b>	Year <b>1956</b>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <b>Ridge</b>	(County) (State)
21. I certify that I attended the deceased from <b>11.10.16</b> , 19, to <b>11.27.16</b> , 19, that I last saw the deceased alive on <b>11.26.16</b> , 19, and that death occurred at <b>Ridge</b> from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE <b>Michael Barbarich</b> M.D. PHYSICIAN'S NAME (Type) <b>Michael Barbarich M. D.</b> Leonardtown, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>12/1/56</b>	22c. NAME OF CEMETERY OR CREMATORIAL <b>St. Michael's</b>		22d. LOCATION (City, town, or county) <b>Ridge</b>		(State) <b>Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>W. Clarke Mattingley</b>		ADDRESS <b>Leonardtown, Md.</b>		24a. REC'D BY REGISTRAR DATE <b>12/3/56</b>		24b. REGISTRAR'S SIGNATURE <b>Alma D. Hauser</b>	

81. **БИБЛІОГРАФІЧНА СТАНДАРТИЗАЦІЯ** / ПІД РЕД. В.І. САЛІЧА. - К.: УДАР, 2000. - 128 с.

BUREAU V. S.

DEC 5 1956

REGEIYED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11757

## CERTIFICATE OF DEATH

11737

Reg. Dist. No. 281

1. PLACE OF DEATH a. COUNTY ST. MARY'S		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY ST. MARY'S		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN		c. LENGTH OF STAY IN 1b 4 WEEKS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VALLEY LEE		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ST. MARY'S HOSPITAL						e. IS RESIDENCE ON A FARM? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) FRED		First	Middle	Last	4. DATE OF DEATH NOVEMBER	Month	Day	Year
5. SEX MALE		6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 25, 1872	9. AGE (In years last birthday) 84 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES SEUL				14. MOTHER'S MAIDEN NAME ELIZABETH LAWRENCE		Address VALLEY LEE, MD.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. ROSIE CUTCHEMBER		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>General arteriosclerosis</i> DUE TO 450.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)								
20c. TIME OF INJURY Hour a. m. 19 p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Nat while at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from <i>Oct 2, 1956</i> , to <i>Nov 5, 1956</i> , that I last saw the deceased alive on <i>Nov 4, 1956</i> , and that death occurred at <i>3 P</i> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 10/07/56								
ACTUAL SIGNATURE <i>P. JP BEAN</i>		M.D.		GREAT MILLS		MARYLAND		
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 11/5/1956		22c. NAME OF CEMETERY OR CREMATORIY ST. PETER'S		22d. LOCATION (City, town, or county) RIDGE		(State) MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE W. CLARKE MATTINGLEY, LEONARDTOWN, MD.		ADDRESS		24a. REC'D BY REGISTRAR DATE 10/07/56		24b. REGISTRAR'S SIGNATURE <i>W. Clarke M. Registrar</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,  
page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with  
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HEALTH-EDUCATION-WEAVER STATE

CERTIFICATE OF DEATH

BUREAU V. S.  
RECEIVED  
NOV 3 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,  
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with  
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										11738		
11758 CERTIFICATE OF DEATH										Reg. Dist. No. 282		
1. PLACE OF DEATH a. COUNTY ST. MARY'S MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ST. MARY'S							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOLLYWOOD			c. LENGTH OF STAY IN 1b LIFE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HOLLYWOOD			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First GEORGE		Middle CLARENCE		Last THOMPSON		4. DATE OF DEATH NOVEMBER 1 1956	Month 1	Day 10	Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 22 1871	9. AGE (In years last birthday) 85 yrs.	10. IF UNDER 1 YEAR 1 months	11. IF UNDER 24 HRS. 10 days	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME SAMUEL C. THOMPSON	14. MOTHER'S MAIDEN NAME JANE BREWER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.	17. INFORMANT FRANK ADAMS	Address HOLLYWOOD MARYLAND			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 433.1 DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the under- lying cause lost. (b) DUE TO (c) DUE TO Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour a. m. 19 p. m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) HOLLYWOOD		(County)	(State)		
21. I certify that I attended the deceased from _____			21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____		21. I certify that I attended the deceased from _____			
alive on _____			alive on _____		alive on _____		alive on _____		alive on _____			
ACTUAL SIGNATURE F. F. GREENWELL			M.D.		M.D.		M.D.		M.D.			
PHYSICIAN'S NAME (Type) F. F. GREENWELL			M.D.		LEONARDTOWN		M.D.		MARYLAND			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11/5/1956		22c. NAME OF CEMETERY OR CREMATORIY ST. JOHN'S		22d. LOCATION (City, town, or county) HOLLYWOOD		(State) MD.				
23. FUNERAL DIRECTOR'S SIGNATURE W. CLARKE MATTINGLEY, LEONARDTOWN MD.			ADDRESS			24a. REC'D BY REGISTRAR DATE 11/7/56		24b. REGISTRAR'S SIGNATURE G. L. D. Hause				

## CERTIFICATE OF DEATH

Form 10

CABIN

MATERIAL

BUREAU V. S.

NOV 9 1956

RECEIVED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11739

11759

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	ST. MARYS	MARYLAND	STATE CITY (If outside corporate limits, write RURAL and give nearest town)	MARYLAND	COUNTY ST. MARYS
TOWN DAMERON		LENGTH OF STAY (in this place)	OR TOWN DAMERON	LIFE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			(If rural give location)
			RURAL		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
JOSEPH THOMAS TROSSBACH			NOV. 12 1956		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH AUG. 29, 1879	9. AGE last birthday 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME PHILLIP TROSSBACH			14. MOTHER'S MAIDEN NAME LUCY ROMISE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO			16. SOCIAL SECURITY NO. -----		
17. INFORMANT & ADDRESS BLANCH M. TROSSBACH- DAMERON, Md.			18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 5 Years		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			Coronary occlusion Coronary sclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 1952 to Nov. 12, 1956, that I last saw the deceased alive on Nov. 1 1956, and that death occurred at 7:20 P.M. from the causes and on the date stated above. SIGNATURE					
ADDRESS (Street, city, town, state)					
DATE SIGNED 11/13/56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			M.D. GREAT MILLS, Md. NAME OF CEMETERY OR CREMATORIAL ST. MICHAELS		
24. REC'D. BY REGISTRAR DATE 11/13/56			LOCATION (City, town, or county) RIDGE, Md. REGISTRAR'S SIGNATURE P. J. BEAN		
			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
			E. B. Robinson LEONARDTOWN, Md.		

**BUREAU V. S.**

NOV 16 1956

## REGELY ED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11760

## CERTIFICATE OF DEATH

11740

Reg. Dist. No. 281

1. PLACE OF DEATH  
o. COUNTY

St Mary's

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o. STATE

Maryland

b. COUNTY

St. Mary's

b. CITY OR TOWN (If outside corporate limits, write  
RURAL and give nearest town)

St George Island

c. LENGTH OF STAY IN 1b

Life

d. NAME OF HOSPITAL (If not in hospital, give street address)  
OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

St George Island

d. STREET ADDRESS

e. IS RESIDENCE  
ON A FARM? /  
YES  NO 3. NAME OF  
DECEASED  
(Type or print)First  
JamesMiddle  
FranklinLast  
Twilley4. DATE  
OF  
DEATH  
NovemberMonth  
17,Year  
1956

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED  NEVER MARRIED 

B. DATE OF BIRTH

March 12, 1883

9. AGE (In years  
lost birthday)

73

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months  
8Days  
5Hours  
10Min.  
0010a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Water Men

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Franklin Twilley

14. MOTHER'S MAIDEN NAME

Mrs Lydia J. Twilley ST. George Island, Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		5 years
420.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		
DUE TO (b)		10 years
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year  
Hour a. m. 20d. INJURY OCCURRED  
While Not while  
p. m. 19 of work  of work 20e. PLACE OF INJURY (Home, farm,  
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from \_\_\_\_\_, 1954 to Nov 17, 1956, that I last saw the deceased  
alive on Dec 16, 1956, and that death occurred at 12:15 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL  
SIGNATURE

MJS

M.D.

11/18/56

PHYSICIAN'S  
NAME (Type)

P. J. Bean M.D.

Great Mills, Md.

22a. BURIAL, CREMATION,  
REMOVAL (Specify) 22b. DATE THEREOF  
Burial 11/19/56 22c. NAME OF CEMETERY OR CREMATORIUM  
St. George Island M.E.

22d. LOCATION (City, town, or county)

(State)

St. George Island, Md.

23. FUNERAL DIRECTOR'S SIGNATURE  
W. Clarke Mattingley Leonardtown, Md.24a. REC'D BY REGISTRAR  
DATE 11/18/5624b. REGISTRAR'S SIGNATURE  
M. B. Mattingley

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4  
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF STATE  
CERIFICATE OF DEATH

May 21 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 1 Film G208 12-12-56 et

11741

11761

## CERTIFICATE OF DEATH

Reg. Dist. No.

282

1. PLACE OF DEATH o. COUNTY <b>ST. MARY'S</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>MARYLAND</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>LEONARDTOWN</b>		c. LENGTH OF STAY IN 1b <b>4 WEEKS</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>At home</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>HOLLYWOOD</b>	
3. NAME OF DECEASED (Type or print) <b>MAY PHILOMENA WILKINSON</b>		First	Middle
4. DATE OF DEATH <b>NOVEMBER 26 1956</b>		Last	Month Day Year
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH <b>3/1/1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>
13. FATHER'S NAME <b>ALFRED JARBOE</b>		14. MOTHER'S MAIDEN NAME <b>ALICE HEARD</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>MRS. CATHERINE M. BENNETT,</b> Address <b>LEONARDTOWN MARYLAND</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>153X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO			
(c) DUE TO			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. p.m. 19	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <b>Oct 15, 1956</b> to <b>Nov 27, 1956</b> , that I last saw the deceased alive on <b>Nov 27, 1956</b> , and that death occurred at <b>Gary</b> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE <b>J. ROY GUYTHER</b>	M.D.		
PHYSICIAN'S NAME (Type) <b>J. ROY GUYTHER</b>	M.D.	MECHANICSVILLE MARYLAND	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	22b. DATE THEREOF <b>11/29/1956</b>	22c. NAME OF CEMETERY OR CREMATORIAL <b>ST. JOHNS</b>	22d. LOCATION (City, town, or county) <b>HOLLYWOOD</b> (State) <b>MARYLAND</b>
23. FUNERAL DIRECTOR'S SIGNATURE <b>W. CLARKE MATTINGLEY, LEONARDTOWN</b>		ADDRESS MD.	24a. REC'D BY REGISTRAR DATE <b>11/30/56</b>
			24b. REGISTRAR'S SIGNATURE <b>Frank J. Hauser</b>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)  
15M 9/55

## CERTIFICATE OF DEATH

BUREAU Y. S.

DEC 3 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 11762 CERTIFICATE OF DEATH

11742

Reg. Dist. No. 282

1. PLACE OF DEATH a. COUNTY ST. MARYS		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEXINGTON PARK		b. COUNTY ST. MARYS	
c. LENGTH OF STAY IN 1b US NAVY INFIRMARY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEXINGTON PARK	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION US NAVY INFIRMARY		d. STREET ADDRESS RURAL	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JACOB		4. DATE OF DEATH NOVEMBER 4 1956	
5. SEX Male		6. COLOR OR RACE colored	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. B. DATE OF BIRTH December 18, 1898	
WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Williamson		14. MOTHER'S MAIDEN NAME Jane Oliver	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 17. INFORMANT Ophelia Williamson- Lexington Park, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, that death occurred _____, from the causes and on the date stated above. ACTUAL SIGNATURE George C. Ramsey		ADDRESS (Street, city or town, state) DATE SIGNED 11/4/56	
PHYSICIAN'S NAME (Type) George C. Ramsey		US NAS Patuxent River, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11/8/56	
22c. NAME OF CEMETERY OR CREMATORIAL St. Luke's Cemetery		22d. LOCATION (City, town, or county) Scotland, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE R. B. Robinson		24a. REC'D BY REGISTRAR DATE 11/7/56	
ADDRESS Leonardtown, Md.		24b. REGISTRAR'S SIGNATURE George D. Hauser	

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DECEIVE